



JARDIN D'ENFANTS LEARNING CENTER

Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: ____/____/____
Address: _____ Home Phone: () _____
City: _____ State: _____ Zip Code: _____
Nickname: _____ Social Security #: _____

Mother's Full Name: _____ Home Phone: () _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone: () _____ ext. _____
Name of Employer: _____ Pager or Cellular Phone: () _____
Business Address: _____ City: _____
Work Hours: _____ Driver's License # _____

Father's Full Name: _____ Home Phone: () _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone: () _____ ext. _____
Name of Employer: _____ Pager or Cellular Phone: _____
Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Child will be released only to custodial parent or legal guardian and the persons listed below. The following people will be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason custodial parent or legal guardian cannot be reached.

Parent/Guardian with legal custody _____

Parents are: Married _____ Living Together _____ Divorced _____ Separated _____ Widowed _____ Single _____

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

EMERGENCY CONTACTS

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: () _____ Work Phone: () _____

Relationship to Child: _____

Address: _____

City _____ State _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Home # () _____ Cell # () _____

Name: _____ Home # () _____ Cell # () _____

623 W. Lancaster Road Orlando FL, 32809 ***** Phone 407-770-2036 ***** Fax 407-770-2964 2

Name: _____ Home# () _____ Cell # () _____

Kid Code: _____ (Secret word between parent & child for identification and pick up)

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Comment _____

Name: _____ Comment _____

Name of other school child attends: _____ Phone: () _____

EMERGENCY RELEASE

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Jardin D'enfants Learning Center. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold _____ and its employees harmless.

Parent's Signature _____ Date: _____ / _____ / 2007 _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold _____ and its employees harmless.

Parent's Signature _____ Date: _____ / _____ / 2007 _____

EMERGENCY INFORMATION

I hereby grant permission for the staff members of Jardin D'enfants to contact the following medical personnel to obtain emergency medical care if warranted.

1. Child's Physician: _____ Phone: () _____

2. Preferred Hospital: _____ Phone: () _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies _____
9. Any special health conditions: _____

FIELD TRIP PERMISSION

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____ / _____ / 2007

Section 10-12.025(2), F.A.C., requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S.; requires that parents receive a copy of the child Care facility Brochure, **“KNOW YOUR CHILD CARE CENTER”**.

Section 10m-12.025(4)2., F.A.C.; requires that parents are notified in writing of the disciplinary practice used by the child care facility.

Persons signing contract are responsible for payment.

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____

I understand this is a legally binding contract, by signing,, I verify that I have read, understand and received the items above and that all information on this enrollment form is complete and accurate.

DATE OF ENROLLMENT: _____ / _____ / **2007** _____

Signature of Parent

Signature of Parent